

FILED SEP 1 1955

## STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6880**

## 1. PLACE OF DEATH

a. COUNTY

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri**

b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**c. LENGTH OF STAY (In this place) **30 yrs.**c. CITY OR TOWN **St. Louis**d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **DOA City Hospital**

e. STREET ADDRESS (If rural, give location)

**15 4432 Osceola Street**

21510

## 3. NAME OF DECEASED

(Type or Print)

a. (First)

**CARL**

b. (Middle)

**R.**

c. (Last)

**WEBER**

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

**Aug.****7****1955**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

**Married**

## 8. DATE OF BIRTH

**Aug. 31, 1894**

## 9. AGE (In years last birthday)

**60 yrs.**

if UNDER 1 YEAR

Months

if UNDER 24 HRS.

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Clerk**

## 10b. KIND OF BUSINESS OR INDUSTRY

**International Shoe**

## 11. BIRTHPLACE (City and State or Foreign Country)

**Wittenberg, Mo.**

## 12. CITIZEN OF WHAT COUNTRY?

**USA**

## 13a. FATHER'S NAME

**Emanuel Weber**

## 13b. MOTHER'S MAIDEN NAME

**Mathilda Leimbach**

## 14. NAME OF HUSBAND OR WIFE

**Lora D. Schilling Weber**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

**Yes****WWI**

## 16. SOCIAL SECURITY NO.

**489-01-2686**

## 17. INFORMANT'S SIGNATURE OR NAME

**Mrs. Lora Schilling Weber, 4432 Osceola St.**

## ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## MEDICAL CERTIFICATION

**Coronary Thrombosis**

## INTERVAL BETWEEN ONSET AND DEATH

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

4201

## 20. AUTOPSY?

YES ☒ NO ☐

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP)

## (COUNTY)

## (STATE)

## 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:04 A.M.** from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

## 23b. ADDRESS

## 23c. DATE SIGNED

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

## 24b. DATE

**8-10-55**

## 24c. NAME OF CEMETERY OR CREMATORY

**Lake Charles Memorial Park**

## 24d. LOCATION (City, town, or county)

**St. Louis County, Mo.**

## (State)

## DATE REC'D BY LOCAL REG.

**AUG 8 1955**

## REGISTRAR'S SIGNATURE

**J. Earl Smith, M.D.**

## 25. FUNERAL DIRECTOR'S SIGNATURE -

## ADDRESS

**BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.**

S.B. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.